

BUREAU TALK

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DEPARTMENTAL CHANGES ☺

Governor Jay Nixon has appointed Margaret Donnelly as the new director of the Department of Health & Senior Services. Margaret has many years of experience as a social worker, a lawyer, and a state legislator. Please join the bureau in welcoming Margaret!

PUBLIC HEALTH PREPAREDNESS CONFERENCE

The 2009 Public Health Preparedness Conference will be held at the Holiday Inn Executive Center in Columbia, Missouri on March 18-19. The conference will look at the components of a public health preparedness response system and the resources used in a coordinated response. There will be discussion on recognizing the needs of special populations, engaging the public health system at community and state levels, and recognizing the overlap of human and animal health.

There is no registration fee to attend, but space is limited to the first 350 individuals to register. To view the agenda and register, please go to:

http://www.dhss.mo.gov/BT_Response/PHP-Brochure.pdf.

OPEN DOOR FORUM

Do you want the chance to ask CMS questions about your program? Do you want to hear what other agencies have to ask CMS? Do you want to keep abreast of the newest information CMS has to offer? One way to do this is to take part in the Home Health, Hospice & DME Open Door Forum (ODF).

This is a teleconference for providers and CMS. For details on this and future ODF calls access the website at

http://www.cms.hhs.gov/OpenDoorFORums/17_ODF_HHHDME.asp#TopOfPage.

OPEN DOOR FORUM Cont.

An example of a recent topic that was to be covered was Attachment D of the OASIS Implementation Manual. This topic was to have been covered on the January 22, 2009 call; however, it is being rescheduled for mid-February 2009. For the exact date of the next call, agencies should access the above website.

CHANGING ADDRESSES REQUIRES CMS APPROVAL

Per the State Operations Manual (SOM), it is inherent in the provider certification process that a provider notify CMS of its intent to change the location or site from which it provides services. Absent such notification, CMS has no way of carrying out its statutorily mandated obligation of determining whether the provider is complying with applicable participation requirements at the new site or location. It is longstanding CMS policy that there is no basis for a provider to bill Medicare for services provided from a site or location that has not been determined to meet applicable requirements of participation.

The bureau is reminding all agency types that if you intend to move from your surveyed, certified location to a new site or location, you MUST notify CMS either directly or through the SA (the bureau). The agency must obtain CMS's approval of the new address before it provides Medicare services from the new address.

OPT/CORF ISSUES

Attached (Attachment A) please find a CMS Survey and Certification letter that addresses revisions for Comprehensive Outpatient Rehabilitation Facilities (CORFs) and Rehabilitation Agencies (OPTs).

DISASTER PREPAREDNESS PLANNING

Pandemic Flu

The Missouri Hospital Association recently shared with the bureau the following website, www.pandemicflu.gov/news/panflu_webinar7.html. This website has an abundance of information regarding the Pandemic Flu, but of special interest, are a number of PlanFirst Webcasts.

On March 13, 2008, the U.S. Department of Health and Human Services launched PlanFirst, a regular webcast series on pandemic planning. The goal of the PlanFirst Webcasts is to help states, local communities, employers, faith-based and civic organizations, and families and individuals learn more about pandemic planning. The bureau encourages agencies to take the time to view this website. It has a lot of information that could be beneficial to your agency.

INFORMED DECISIONS ABOUT LONG-TERM CARE FACILITIES

The bureau would like to share with agencies the Missouri Alzheimer's Association recent publication of a brochure titled: Knowledge: Know Your Long-Term Residential Care Options. **Please refer to Attachment B.** As stated in the brochure, "Choosing the right care for yourself or a loved one can be challenging, but making an informed decision can give you peace of mind."

This very informative brochure outlines the regulatory requirements for each of the different licensure levels in Missouri. It outlines some of the state's **minimum requirements** to be a licensed long-term care residential facility in Missouri.

The Alzheimer's Association reminds us that good care goes beyond regulations. When visiting long term care facilities, they recommend looking for seven common aspects of quality care. Print this brochure off and find out what these seven aspects of quality care are!

FISCAL INTERMEDIARIES

The Centers for Medicare and Medicaid Services (CMS) has announced Medicare Administrative Contractor (MAC) awards to contractors that will process and pay Medicare claims for health care services under the Medicare Fee-for-Service program. The MAC contracts are another step toward improved service to providers, physicians, and practitioners as well as greater administrative efficiency and effectiveness for fee-for-service Medicare.

The MACs serve as the first point of contact for the processing and payment of Medicare fee-for-service claims. The MACs were selected using competitive procedures in accordance with federal procurement rules.

The new contractors will administer and pay claims, tasks currently performed by fiscal intermediaries and carriers. The contracts will fulfill the requirements of the Medicare Modernization Act's (MMA) contracting reform provisions. When fully implemented, Medicare Administrative Contractors will review and process all fee-for-service claims submitted to Medicare for payment.

Highmark Medicare Services, Inc. has been selected by CMS to process the claims for Missouri home health and hospice agencies. The implementation activities to move the Part A and Part B workload has already begun. Some of you may have already been affected by this change. They will no longer be called RHHIs, but rather home health/hospice Medicare Administrative Contractors (MACs). Highmark Medical

FISCAL INTERMEDIARIES Cont.

Services (HMS) will complete the transfer of the claims and information from the FIs and carriers; and, plan to be fully operational no later than March 2010. Also gone is the option for home health and hospice agencies to choose universal contractors. This practice used to be a convenience for multi-state home health and hospice agencies. The HMS website is <http://www.highmarkmedicareservices.com/>. HMS can be contacted through this web site, via telephone, or postal mail. Please refer to the website for phone numbers and addresses.

ALZHEIMER'S AND DEMENTIA STAFF EDUCATION WEEK

The National Council of Certified Dementia Practitioners (www.nccdp.org) (NCCDP) has declared February 14th to 21st, 2009 as Alzheimer's and Dementia Staff Education Week. The newest component of the NCCDP is an Alzheimer's and Dementia Staff Education Week Tool Kit. The Tool Kit is free and is available at www.nccdp.org. This is being provided in an effort to bring awareness to the importance of staff educators being trained and certified in dementia care and to provide education by means of face to face interactive classroom environment and to provide comprehensive dementia education to all health-care professionals and line staff.

Currently there are no *national* standards for dementia education but as you are aware, there are Missouri *state* requirements for Alzheimer and Dementia training for both home health and hospice agencies. The education proposed by NCCDP is not a requirement by Missouri state regulation but it is a free resource your agency may wish to look at. The tool kit includes:

- * Free Power Point/ Over Head In-services for Health Care Staff, Tests and Answers, Seminar Evaluation and Seminar Certificates.
 - * 54 ways to Recognize Alzheimer's and dementia Staff Education Week
 - * 20 Reasons Why You Should Provide Comprehensive Alzheimer's and Dementia Training to Your Staff by a Live Instructor
 - * Dementia Word Search Games & Interactive Exercises
 - * Movies and Books About Alzheimer's You Don't Want to Miss
 - * Proclamation & Sample Agenda for Opening Ceremony & Sample Letter to Editor
 - * Contest Entry Forms – Staff Education week
 - * Alzheimer's Bill of Rights & Alzheimer's Patient Prayer
-

HOSPICE ISSUES

TRAINING ON THE NEW HOSPICE COPs

CMS has prepared several broadcasts pertaining to the new hospice regulations. By going to <http://surveyortraining.cms.hhs.gov> agencies can access a schedule of upcoming broadcasts, as well as any previous broadcasts that are available in their archives.

The most recent CMS broadcast, aired January 22, 2009, and is available by accessing the archives on the above link. It is titled "Overview of the New Hospice Conditions of Participation".

Agencies can also access the above link for the following *upcoming* presentations:

February 19, 2009, "Overview of the Hospice Conditions of Participation, Subpart D"

March 13, 2009, "Hospice Quality Assessment Performance Improvement (QAPI)"

The bureau highly encourages all hospices to view these broadcasts. It is your agency's means of becoming more familiar with the new regulations and the survey process associated with them.

HOSPICE QUESTIONS & ANSWERS

Over the past 3 months, while hospices were preparing to implement the new hospice conditions of participation which became effective, December 2, 2008, many questions came into the bureau regarding how to interpret the many different aspects of the new regulations. At the time the questions began pouring into the bureau, we (administration and surveyors) had not yet had any CMS training on the new regulations and, the Interpretive Guidelines had not yet been released. CMS's plan for training for the state surveyors consists of a series of webcasts, which have only recently become available. These are the same webcasts that are open to hospice agencies as described above in the section of this Bureau Talk titled "Training on the New Hospice CoPs". In addition, the Interpretive Guidelines have just been recently released.

HOSPICE QUESTIONS & ANSWERS Cont.

The bureau has compiled all the many questions received by agencies and continue to attempt to get them all answered. Please refer to **Attachment C** for those questions the bureau has been able to answer thus far. There are still a few questions left unanswered. As the bureau is able to get clarification on the remaining issues we will be sure and notify all the hospice agencies via list-serve with directions as to how to access these Q & As. One category of questions that you will not find answered at this time are your questions related to the QAPI program. The webcast addressing this subject is not scheduled until March 13, 2009. As soon as the bureau receives training on the QAPI we will be better able and more qualified to answer your questions.

INTERPRETIVE GUIDELINES

The long awaited interpretive guidelines for the new hospice conditions of participation are available! Please refer to Attachment D.

HOSPICE SOCIAL WORKER QUALIFICATIONS

The federal regulation at 418.112 (b) (3) states the social worker must have a masters of social work degree from a school of social work accredited by the Council on Social Work Education; OR
A baccalaureate degree in social work from an institution accredited by the Council on Social Work Education; OR

A baccalaureate degree in psychology, sociology, or other field related to social work.

If the social worker has a baccalaureate degree they **must** also have one year experience in a health care setting and **must** be supervised by an MSW.

The federal regulations also states if the hospice employed a social worker with a baccalaureate degree from an institution accredited by the Council on Social Work Education (BSW) prior to December 2, 2008, the social worker is not required to be supervised by an MSW.

The Missouri **state** regulations require the social worker have, at a minimum, a baccalaureate degree from an institution accredited by the Council on Social Work Education (BSW) . There is no requirement for supervision by an MSW in the state regulations.

When there are both federal and state regulations, the agency must comply with the most stringent regulation. In this case, the federal regulations are more stringent in the area of supervision, while the Missouri regulations are more stringent in the educational requirement.

HOSPICE SOCIAL WORKER QUALIFICATIONS Cont.

Therefore, social workers hired **after** December 2, 2008, must, **at a minimum**, have a baccalaureate degree from an institution accredited by the Council on Social Work Education (BSW), have one year experience in a health care setting and must be supervised by an MSW. The state regulations do not allow a baccalaureate degree in any other field.

Supervision by the MSW would include documentation by the BSW of consultation with the MSW in developing the plan of care and updates to the plan of care. During the survey, the surveyor may request to see the agency's policy on supervision for the BSW. The surveyor may also choose to interview the social workers to determine the extent of supervision.

PROPER DISPOSAL OF HOUSEHOLD PHARMACEUTICAL WASTE

In a joint effort, the Missouri Department of Natural Resources, Missouri Department of Health and Senior Services and the Missouri Board of Pharmacy, have recently published a brochure on the proper disposal of household pharmaceutical waste. **Please refer to Attachment E.**

As outlined in this brochure, the proper disposal of pharmaceutical waste has become a growing concern across the nation. Pharmaceutical waste includes expired and unused prescriptions and over-the-counter medication. Many people improperly discard these and other medicines by flushing them down their toilet or sink. This practice can harm the beneficial bacteria that break down waste in septic systems and wastewater treatment plants. Also, municipal wastewater treatment facilities are not designed to remove all the ingredients from the medicines in the treatment process. Untreated or partially treated pharmaceuticals are then released into nearby lakes, rivers or groundwater. Scientists are concerned about the effect pharmaceuticals are having on the environment and wildlife. Studies over the years have found trace amounts of pharmaceuticals and personal care products in drinking water supplies. Adverse health effects may occur if individuals are exposed to drugs in their water supply, so it is important to properly manage pharmaceutical waste.

The brochure offers guidance on proper disposal of solid medications, liquid medications and blister packages.

KENNEDY TERMINAL ULCER

At most bureau staff meetings, the surveyors take the opportunity to keep current with patient care by reviewing nursing articles. At a recent staff meeting an article on the "Kennedy Terminal Ulcer" was reviewed. We found this topic very interesting and decided to share it with our providers.

The article discussed was found on "Caregivers Corner" at

<http://caretakerscorner.blogspot.com/2008/01/ktu-and-caregiving.html>.

Per the article, "Kennedy Terminal Ulcer is a fairly new term used when describing dermal symptoms in the terminally ill. It was first observed and noted by Karen Kenney, RN in 1977. She noticed that terminally ill patients got ulcers on their sacrum area and were dead in two weeks. These ulcers should not be confused with normal pressure ulcers which can be quite common in wheelchair bound people or those with limited mobility."

"Although the exact cause of the Kennedy Ulcer is unknown, it is believed that blood perfusion in the skin is hampered by the dying process. The skin is the largest organ of the body and it needs lots of healthy blood to flourish. It is the only organ on the outside of the body and can reflect what is going on inside the body. To most caregivers the Kennedy Terminal Ulcer starts out resembling a pressure sore."

For more detailed explanation on the Kennedy Terminal Ulcer, the following website is an excellent source:

<http://www.kennedyterminalulcer.com>

STATE HOSPICE REGULATIONS

It has brought to the bureau 's attention that there is an error on the State Hospice – Certification form dated 2/08. Tag # 531 on page 37 is listed twice. Please make the following correction to your copy:

ML531 9. Fire Prevention and General Operating Requirements.

- A. The hospice facility shall be maintained in a manner which provides a clean safe environment for the delivery of patient care and shall, until remodeled or renovated with the approval of the Department of Health, remain compliant with the codes and regulations under which the facility was constructed.

ML532 B. Exitways shall always be maintained free of obstructions.

The bureau apologizes for the error.

OASIS AUTOMATION (BROADBAND INFORMATION)

Just a reminder the AT&T Dialer access is scheduled to be discontinued on February 1, 2009.

If you are currently using a broadband connection, to access the OASIS system, congratulations and continue to use the connection.

If, and only if you have not successfully connected with a broadband connection into the MDCN at this point, follow this new set of instructions.

In the future you will have the opportunity to reconfigure your connection with the new instructions. MDCN would like to focus the help desk assistance to those who most need the help. Thanks.

If you are **not** successfully using the broadband connection:

Please contact the MDCN Helpdesk at (800) 905-2069 to receive your new account id, userid and initial password.

To facilitate transition to the new broadband solution, a new account id has been established called ANRMS. This account id along with your AT&T Global Network userid (i.e., H@xxxxx) will be used to create a new profile within the AT&T Global Network Client. This new profile will allow a user to connect using the new broadband solution and, if necessary, allow the user to connect via their dial connection. Dial up access will be terminated once a user has migrated to the broadband solution.

OASIS AUTOMATION (USER LOGIN)

In an effort to increase security, CMS is changing the login ID and password you currently use to log into the OASIS system for the submission of your assessment data and CASPER reports. Early in 2009, the new system will allow two individuals from your facility to request their own Personal ID and password. The Personal ID/password will be yours exclusively – sharing your Personal ID/password will be considered a security violation. Once you have registered for your Personal ID/password, the login ID/password you are currently using will be retired.

Please use this time to determine the appropriate two employees (who already have an MDCN account) to request a Personal ID/password to access the CMS systems. For your convenience, the Registration Link (once operational) for assigning the new Personal ID/password will be featured on the MDS and OASIS State Welcome Pages.

News
from the
MOO arena...



ATTACHMENT D – SELECTION and ASSIGNMENT of OASIS DIAGNOSIS

The newly updated Attachment D of the OASIS Implementation manual is now completed and revised by the CMS Payment and Policy Division. **Please refer to Attachment F.** CMS has made it very clear to the OASIS Education Coordinators (OECs) that we are not to answer questions related to this document. Any questions related to Attachment D should be submitted to AskOASISAttachD@cms.hhs.gov.

Attachment D of the OASIS Implementation Manual was initially published to facilitate the introduction of V-code diagnosis reporting on the OASIS, (see OASIS B1, 12/2002), effective October 1, 2003. The attachment was designed to clarify HHA implementation of the Official ICD-9-CM Coding Guidelines of 2002. The changes in OASIS diagnosis reporting in 2003 allowed HHAs the ability to assign V-codes to M0230 and M0240 and comply with the provisions of the Health Insurance Portability and Accountability Act (HIPAA, Title II).

CMS has now reissued this document to promote accurate selection and assignment of the patient's diagnosis on the current OASIS (OASIS B1 (1/2008)). This document addresses the OASIS diagnoses items that pertain to the home health episode (i.e. M0230, M0240, and M0246) and will clarify CMS' expectations specific to the assignment of V-codes to the OASIS as dictated by the revised ICD-9-CM coding guidelines effective October 2008.

PLEASE NOTE:

On 1/27/09, CMS published a 'Notification of Error' in this Attachment D document.

Currently, Attachment D incorrectly lists the Neuro 3 - Stroke diagnosis group. The correct diagnosis group is Neuro 1 - Brain Disorders and Paralysis. Case scenario #4, also incorrectly assigns a diagnosis from the Neuro 3 -Stroke diagnosis group. The correct diagnosis assignment in Scenario #4 should be from the Neuro 1 - Brain Disorders and Paralysis diagnosis group.

CMS advises that revisions to the above section of Attachment D, to include revisions to the associated Case Scenario #4 will be posted in the near future.

Send questions on Attachment D to: **AskOasisAttachD@cms.hhs.gov**

OASIS C

As you are aware, CMS has undertaken a revision of the OASIS Data Set. The target date for implementation of the new OASIS C is still January 2010.

The latest version of OASIS-C was put out for public comment in mid-November 2008. The comment period ended on January 13, 2009. The resultant comments were accepted by CMS and have been included in the CMS website. You may view these comments by logging onto the website at www.regulations.gov/fdmspublic/component/main?main=AdvancedDocument and entering the comment tracking number, 8081cae4. (It is not necessary to fill in the other blanks). Many of these comments suggest changes to certain questions and additional guidance for others. The expertise of the commenter's working knowledge of the current data set provided a solid platform for review of the new document and is helping to create a final version of OASIS – C that will support the collection of more accurate data for all your agencies' patients.

The new version, after taking into consideration all the comments, should be published in April 2009. Then there will be another 30- day comment period. The final rule should be published in August 2009 with an implementation date still planned for January 2010.

Along with the new OASIS C data set, CMS will also be completely reviewing and updating the OASIS Implementation manual. There will be many changes. At this time CMS has not given a projected completion date for the OASIS manual updates and/or changes.

The latest OASIS-C data set can be viewed at <http://www.cms.hhs.gov/HomeHealthQualityInits> . Keep in mind that this is an evolving data set and this is not a final document at this time.

NEW 4th QUARTER Q & As

The new 4th quarter CMS Q&As have been released. The new Q & As address the following topics:

- Can agencies send out non-clinicians or LPNs to the home to discuss patient rights, consents and services prior to an RN or therapist visiting to conduct the initial assessment visit?
- Strategies for completing and correcting OASIS assessments when assessing clinicians are no longer available.
- Can an LPN provide a treatment visit before an RN conducts the ROC assessment?
- Compliant strategies for office
- Drug regimen review in therapy only cases
- Item-specific Questions – M0090, M0290, M0464, M0482, M0484, M0700, M0780, M0790, M0800, M0810, M0820

What should your agency do?

PULL THE Q&AS OFF THE FOLLOWING WEBSITE www.oasiscertificate.org AND INFORM YOUR AGENCY CLINICIANS OF THE CHANGES TODAY!

THIS IS YOUR WAY OF PROVIDING OASIS TRAINING TO YOUR STAFF!

AND, DON'T FORGET TO UPDATE YOUR OASIS TRAINING MANUALS WITH THE NEWEST Q&AS!